

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

A CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	1		1			
2		1		1		
3				1		
4						
5						
6						
7		1				
8			1			
9						
10						
11						
12			1			
13				1		
14						
15						
16						
17				1		
18						
19						
20		1				
21			1			
22						
23				1		
24						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL INO.	1		4			
TOTAL DEP.	1	↔	19	↔		↔
TOTAL DEP.	2	↔	23	↔		↔

INO.	DEP.	INO.	DEP.	INO.	DEP.
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
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87					
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89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL INO.					
TOTAL DEP.		↔		↔	↔
TOTAL	2	↔	23	↔	↔